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U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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**Housing Authority of the City of Flatonia**

Small PHA Plan Update

Annual Plan for Fiscal Year: **2003**

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHAName:** Housing Authority of the City of Flatonia

**PHANumber:** TX297

**PHA Fiscal Year Beginning:**(mm/yyyy) 1 October 2003

**PHA Plan Contact Information:**

Name: Nancy M. Jasek

Phone: 361-865-2534

TDD: 361-865-2599

Email(if available): fha@pcguns.net

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:**  
(select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

**PHA Programs Administered :**

- ☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

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## Housing Authority of the City of Flatonia

### **Annual PHA Plan**

**Fiscal Year 20 03**

[24CFR Part 903.7]

### **i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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<input type="checkbox"/> Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan	
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<input checked="" type="checkbox"/> Attachment <b>E</b> : Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment__: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input type="checkbox"/> Other (List below, providing each attachment name) <b>Attachment F - Voluntary Conversion Assessment</b> and <b>Attachment G - Summary of Community Service Requirement</b>	

### **ii. Executive Summary**

[24CFR Part 903.79(r)]

At PHA Option, provide a brief overview of the information in the Annual Plan

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## **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

No substantial deviations from previous Agency Plans are reflected herein.

## **2. Capital Improvement Needs**

[24 CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? **\$33,542**

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

### **(1) Capital Fund Program 5 - Year Action Plan**

The Capital Fund Program 5 - Year Action Plan is provided as Attachment **C**

### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment **B**

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### **3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

#### 2. Activity Description

<b>Demolition/Disposition Activity Description</b> (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

### **4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

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## B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

## 5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component. PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year?

N/A

C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## 6. Other Information

[24CFR Part 903.79(r)]

### A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached at Attachment (Filename)

See Below

The RAB requested additional shrubbery between porches to provide additional privacy between units. The Board concluded that may provide some privacy, it would compromise safety over all and decided against the suggestion.

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3. In what manner did the PHA address those comments? (select all that apply)

- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included:  
☐ Yes ☐ No: below or  
☐ Yes ☐ No: at the end of the RAB Comments in Attachment \_\_\_\_.
- ☒ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment **See Section 6(A)(2) above.**
- ☐ Other:

**B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: **State of Texas via Texas Department of Housing and Community Affairs**

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: **Increase and preserve the availability of safe, decent, and affordable housing for very low, low, and moderate income persons and families.**

## C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### A. Substantial Deviation from the 5-year Plan:

Until definitions of "Substantial Deviation" or "Significant Amendment or Modification" are defined by HUD, the PHA will accept the definitions as set forth in PIH Notice 99-51 which include the following actions:

- change to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund;
- additions of new activities not included in the current PHDEP Plan; and
- any change with regard to demolition or disposition, designation, home ownership programs or conversion activities.

In addition, an exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments by HUD.

B. Significant Amendment or Modification to the Annual Plan: See C.1.A. above. Attachment A



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## Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Office rs in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rent offered a teach public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance

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<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
<b>N/A</b>	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
<b>N/A</b>	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
<b>X</b>	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
<b>N/A</b>	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<b>X</b>	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
<b>X</b>	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency

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<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
N/A	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



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<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary</b>					
<b>PHAName:</b> HousingAuthorityoftheCityofFlatonia		<b>GrantTypeandNumber</b> CapitalFundProgram: TX59-P297-50103 CapitalFundProgramReplacementHousingFactorGrantNo:		<b>FederalFYofGrant:</b> 2003	
<input checked="" type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>RevisedAnnualStatement(revisionno:     )</b>					
<input type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding:</b> <input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActual Cost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	\$8,042			
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit	500			
6	1415LiquidatedDamages				
7	1430FeesandCosts	5,000			
8	1440SiteAcquisition				
9	1450SiteImprovement	5,000			
10	1460DwellingStructures	12,500			
11	1465.1DwellingEquipment —Nonexpendable	2,500			
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490Rep lacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$33,542			
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504Compliance				
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20RelatedtoEnergyConservationMeasures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Housing Authority of the City of Flatonia			<b>Grant Type and Number</b> Capital Fund Program#: TX59-P297-50103 Capital Fund Program Replacement Housing Factor#:			<b>Federal FY of Grant:</b> 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	Various	\$8,042				
HA Wide	CFP Administration	1410	Various	500				
HA Wide	Fees and Costs	1430	Various	5,000				
TX297-001	Sidewalk repairs, clothesline repairs	1450	Various	5,000				
TX297-001	Continuation of Utility Room Additions	1460	Various	7,500				
TX297-001	Range hoods	1460	14 du	5,000				
TX297-001	Ranges and Refrigerators	1465	Various	2,500				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHAName: Housing Authority of the City of Flatonia			<b>Grant Type and Number</b> Capital Fund Program#: TX59-P297-50103 Capital Fund Program Replacement Housing Factor#:			<b>Federal FY of Grant:</b> 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TX297-001 & HA Wide	09/30/2005			09/30/2007			

**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHA Name:</b> Housing Authority of the City of Flatonia		<b>Grant Type and Number</b> Capital Fund Program: TX59-P297-50102 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  2002	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2003 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	\$8,042	-0-	\$8,042	\$8,042
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit	500	-0-	500	500
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000	-0-	-0-	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	17,500	-0-	-0-	-0-
11	1465.1 Dwelling Equipment — Nonexpendable	2,500	-0-	-0-	-0-
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	\$33,542	-0-	\$8,542	\$8,542
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Housing Authority of the City of Flatonia

Attachment A Page 13

HUD 50075

OMB Approval No: 2577 -0226

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<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: Housing Authority of the City of Flatonia			<b>Grant Type and Number</b> Capital Fund Program#: TX59-P297-50102 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	Various	\$8,042	-0-	\$8,042	\$8,042	Completed
HA Wide	CFP Administration	1410	Various	500	-0-	500	500	Completed
HA Wide	Fees and Costs	1430	Various	5,000	-0-	-0-	-0-	
TX297-001	Continuation of Utility Room Additions	1460	Various	17,500	-0-	-0-	-0-	
TX297-001	Ranges and Refrigerators	1465	Various	2,500	-0-	-0-	-0-	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHAName: Housing Authority of the City of Flatonia			<b>Grant Type and Number</b> Capital Fund Program#: TX59-P297-50102 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TX297-001, HA Wide	09/29/2004			09/29/2006			



<b>AnnualStatement/PerformanceandEvaluationReport</b>					
<b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary</b>					
PHName: HousingAuthorityoftheCityofFlatonia		GrantTypeandNumber CapitalFundProgram: TX59-P297-50101 CapitalFundProgram ReplacementHousingFactorGrantNo:			FederalFYofGrant:  2001
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:      ) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: 03/31/2003 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	\$3,000	\$3,000	\$3,000	\$3,000.00
3	1408ManagementImprovements				
4	1410Administration	1,000	1,000	1,000	1,000.00
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	3,000	3,000	3,000	-0-
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	29,093	26,593	26,593	5,574.30
11	1465.1DwellingEquipment —Nonexpendable		2,500	2,500	-0-
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$36,093	\$36,093	\$36,093	\$9,574.30
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504Compliance				
23	Amountoffline20RelatedtoSecurity				

<b>Annual Statement/Performance and Evaluation Report</b>				
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>				
PHA Name: Housing Authority of the City of Flatonia		Grant Type and Number Capital Fund Program: TX59-P297-50101 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant:  2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: )				
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2003 <input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 Related to Energy Conservation Measures			

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Flatonia		Grant Type and Number Capital Fund Program #: TX59-P297-50101 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	Various	\$3,000	\$3,000	\$3,000	\$3,000	Completed
HA Wide	CFP Administration	1410	Various	1,000	1,000	1,000	1,000	Completed
HA Wide	Fees and Costs	1430	Various	3,000	3,000	3,000	-0-	In-Process
TX297-001	Construction of Utility Room Additions	1460	Various	29,093	26,593	26,593	5,574.30	In-Process
TX297-001	Ranges and Refrigerators	1465	Various	-0-	2,500	2,500	-0-	

**Annual Statement/Performance and Evaluation Report****Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)****Part III: Implementation Schedule**

PHA Name: Housing Authority of the City of Flatonia			Grant Type and Number Capital Fund Program #: TX59-P297-50101 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
TX297-001, HAWide	09/30/2003		01/31/2003	09/30/2005			

**Capital Fund Program 5 -Year Action Plan**

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal years. Copy this table as many times as necessary. Note: PHA should not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5 -Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
TX297-001	PHA Wide		
Description of Needed Physical Improvements or Management Improvements			Estimated Cost
Operations			\$3,000
Administration			1,000
Fees and Costs			3,000
Bathroom Renovations			19,042
Ranges & Refrigerators			2,500
Maintenance Equipment			1,500
			2004
			2004
			2004
			2004
			2004
			2004

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<b>AdministrativeEquipment</b>	<b>3,500</b>	<b>2004</b>
<b>TotalforYear2004</b>	<b><u>\$33,542</u></b>	
<b>Operations</b>	<b>\$3,000</b>	<b>2005</b>
<b>Administration</b>	<b>1,000</b>	<b>2005</b>
<b>FeesandCosts</b>	<b>3,000</b>	<b>2005</b>
<b>BathroomRenovations</b>	<b>24,042</b>	<b>2005</b>
<b>Ranges&amp;Refrigerators</b>	<b>2,500</b>	<b>2005</b>
<b>TotalforYear2005</b>	<b><u>\$33,542</u></b>	
<b>Operations</b>	<b>\$3,000</b>	<b>2006</b>
<b>Administration</b>	<b>1,000</b>	<b>2006</b>
<b>FeesandCosts</b>	<b>3,000</b>	<b>2006</b>
<b>KitchenRenovations</b>	<b>10,000</b>	<b>2006</b>
<b>ExteriorRepairsandRepainting</b>	<b>16,542</b>	<b>2006</b>
<b>TotalforYear2006</b>	<b><u>\$33,542</u></b>	
<b>Operations</b>	<b>\$5,000</b>	<b>2007</b>
<b>Administration</b>	<b>1,000</b>	<b>2007</b>
<b>FeesandCosts</b>	<b>3,000</b>	<b>2007</b>
<b>Kitchenrenovations</b>	<b>5,042</b>	<b>2007</b>
<b>ExteriorRepairsandRepainting</b>	<b>10,000</b>	<b>2007</b>
<b>Ranges&amp;Refrigerators</b>	<b>2,500</b>	<b>2007</b>
<b>Administrativeequipment</b>	<b>5,500</b>	<b>2007</b>
<b>Maintenanceequipment</b>	<b>1,500</b>	
<b>TotalforYear2007</b>	<b><u>\$33,542</u></b>	
<b>Totalestimatedcostovertnext5years</b>	<b>\$167,710</b>	

**PHA Public Housing Drug Elimination Program Plan - NOT APPLICABLE****Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.****Section 1: General Information/History****A. Amount of PHDEP Grant \$**\_\_\_\_\_**B. Eligibility type (Indicate with an "x")** N1 \_\_\_\_\_ N2 \_\_\_\_\_ R \_\_\_\_\_**C. FFY in which funding is requested**\_\_\_\_\_**D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

**E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

**F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months \_\_\_\_\_ 18 Months \_\_\_\_\_ 24 Months \_\_\_\_\_

**G. PHDEP Program History**

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Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

## Section 2: PHDEP Plan Goals and Budget

### A. PHDEP Plan Summary

In the space below, summarize the PHDEPs strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

### B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY ____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback/TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	

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9160 -Drug Prevention	
9170 -Drug Intervention	
9180 -Drug Treatment	
9190 -Other Program Costs	
<b>TOTAL PHDEP FUNDING</b>	

### C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 –ReimbursementofLawEnforcement					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9115 -SpecialInitiative					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -Gun Buyback TAMatch	Total PHDEP Funding: \$

Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 –Empl oymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding:\$				
Goal(s)									



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Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							
9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Sou rce)	PerformanceIndicators
1.							
2.							
3.							

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9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

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9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							



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## Required Attachment D: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

**Veronica Nieto**

B. How was the resident board member selected: (select one)?

- ☐ Elected  
☒ Appointed

C. The term of appointment is (include the date term expires): **October 9, 2003**

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis  
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.  
☒ Other (explain): **N/A**

B. Date of next term expiration of a governing board member: **October 9, 2003**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

**Mayor Lori Berger**

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## **Required Attachment E: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

**Veronica Nieto**  
**701 E. Mulberry, #108**  
**Flatonia, Texas 78941**

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## Attachment F: Initial Voluntary Conversion Assessment

(Not eligible for Conversion)

PHA: Housing Authority of the City of Flatonia

DEVELOPMENT NAME: N/A

We have reviewed the subject development's operation as public housing, considered the implications of converting the public housing to tenant-based assistance, and concluded that the development **does not meet the necessary conditions for voluntary conversion**. Our analysis indicates that conversion of the development:

- 1) Will be more expensive than continuing to operate the development (or portion of it) as public housing;
- 2) Would not principally benefit the residents of the public housing development to be converted and the community; and
- 3) Would adversely affect the availability of affordable housing in the community.

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## **Attachment G: SUMMARY OF COMMUNITY SERVICES REQUIREMENT**

The following provides a summary of the Community Service Policy as set forth in the Admission and Occupancy Policy of the Housing Authority of the City of Flatonia:

Each adult resident, except residents (i) 62 years or older, (ii) disabled, (iii) that are the primary caretaker of a disabled resident, or (iv) presently working or in a State funded work or welfare -to-work program, **is required** to contribute 8 hours per month of community service (not including political activities) within the community in which the resident resides, participate in an economic self-sufficiency program for 8 hours per month, or perform 8 hours per month of combined activities.